

## COMPENSATION MANAGEMENT

**DEVIATING LDSS**

### Local Department of Social Services Compensation Plan Fiscal Year 2005-2006

Division of Human  
Resource Management

Virginia Department of  
Social Services  
7 North 8<sup>th</sup> Street  
Richmond, VA 23219  
Telephone: 804.726.7055

#### SECTION I: AGENCY INFORMATION

|                    |                     |
|--------------------|---------------------|
| Local Agency Name: | Agency FIPS Number: |
|--------------------|---------------------|

In what areas does the agency deviate? (please check one):

- ☐ A. Agency deviates in compensation only.
- ☐ B. Agency deviates in classification and compensation.
- ☐ C. Agency deviates jurisdiction-wide.

#### SECTION II: AGENCY CONTACT INFORMATION

In the event the Division of Human Resource Management has questions with regards to this Compensation Plan, whom should the Division contact?

|               |
|---------------|
| Contact Name: |
|---------------|

|        |
|--------|
| Title: |
|--------|

|  |  |
|--|--|
| Telephone Number (include area code):<br>(     )     - | Facsimile Number (include area code):<br>(     )     - |
|--|--|

|                |
|----------------|
| Email Address: |
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|                               |
|-------------------------------|
| Local Agency Mailing Address: |
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|       |          |           |
|-------|----------|-----------|
| City: | State:   | Zip Code: |
|       | Virginia |           |

#### How To Prepare The Compensation Plan

- Step 1:** Answer all of the questions, as instructed, in Sections I through VI.
- Step 2:** Obtain approval and signatures of the Local Agency Director and Local Board Chairman in Section VIII.
- Step 3:** Enter job classification records into LETS. Each job classification utilized must have a new classification record that reflects information for Fiscal Year 2005/2006 even if unchanged from the previous fiscal year. **Please ensure class codes and local titles are consistent from one year to the next, highlighting any changes.** Also, be sure to include information on merit increases, promotions, and cost-of-living adjustments as necessary.\* Please do not enter a classification record into LETS that has not been equated by VDSS/DHRM.
- Step 4:** Complete Section VII on entering job classification records into LETS.
- Step 5:** Forward the original completed copy of the **Local Department of Social Services Compensation Plan For Fiscal Year 2005-2006** to the Division of Human Resource Management. **(Multiple copies need not be sent.)** Agencies should submit their Compensation Plans to the Division of Human Resource Management **no later than Friday, August 5, 2005.**

**\*IMPORTANT: NEW:** Please include a copy of your locality's Human Resource Management policies related to job classification and salary administration, job classification specifications applicable to the local department of social services, corresponding pay ranges, and an agency organization chart with your Compensation Plan for 2005/2006

#### SECTION IV: SPECIFIC SALARY ADJUSTMENTS

*Briefly describe below the nature of any range revisions being made for the fiscal year 2005-2006. Indicate effective date, percentage increase in minimums and maximums, method and amount of any resulting salary adjustments and increases. If the ranges are not being revised uniformly for all classes, describe the methodology (examples: no-increase method, step-for-step method, etc.) and the rationale.*

**A. GENERAL SALARY ADJUSTMENT/COST-OF-LIVING ADJUSTMENT (COLA):**

**GENERAL SALARY ADJUSTMENT -** Language excerpts from 2005/2006 HB 1500 Budget Bill - Additional appropriations for 2004-2006

**Q.2. 4.40 percent salary increase:**

**Q.2.b. The base salary and related employee benefits of employees listed in subparagraph 6.e. of this paragraph shall be increased by 4.40 percent on December 1 2005.**

**Please indicate the date your agency will be awarding this salary adjustment. \_\_\_\_\_**

Please enter the adjustment in LETS as "COLA increase."

1. What local salary adjustment/cost-of-living is the jurisdiction awarding fiscal year 2005/2006? \_\_\_\_\_%
2. Please indicate the effective date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ and the percentage increase(s): \_\_\_\_\_%
3. If both the General Salary Adjustment and local COLA adjustment are effective on the same date, enter the combined total in LETS as "COLA." If adjustments occur on different dates, a class record must be entered in LETS for each effective COLA date. ("Range effective dates" need to be same as COLA effective dates.)

#### SECTION IV: SPECIFIC SALARY ADJUSTMENTS (continued)

**C. MERIT INCREASE** *Please indicate whether or not Merit Increases will be awarded for fiscal year 2005-2006.*

Will the agency be offering a Merit Increase? ☐ Yes ☐ No

If Yes, please indicate the method of determining the merit date (*please check one*):

☐ One date applies to all employees. The effective date is: \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Other (i.e. anniversary of initial appointment; anniversary of permanent status; anniversary of most recent promotion; a combination thereof): Please explain:

Please indicate the method for determining the actual date for pay increases if different from the merit date (i.e. first day of following pay period):

If the agency will be offering a merit increase, please indicate the minimum and maximum one percent increases. (Note: Percentages should be expressed as percentage of employees' salaries prior to awarding the Merit Increases):

**Minimum Percentage:** \_\_\_\_%  
(Round down to nearest whole percent)  
(i.e., 1.5% rounds to 1%)

**Maximum Percentage:** \_\_\_\_%  
(Round up to nearest whole percent)  
(i.e., 6.5% rounds to 7%)

***Entering your percentages in this manner will enable you to enter your increases in fractions of a percent when updating the LETS employee record***

**D. PROMOTIONS.** *A promotion is when an employee accepts a position in a higher classification and pay grade. A promotion also includes when an employee's position is redefined in an upward manner. No other type of increase (i.e. merit increase, cost of living, or across-the-board increases) may take the place of a promotional increase. The method chosen must be applied consistently during the fiscal year to all employees regardless of other previous or anticipated increases or class title.*

*Please describe the method for deriving promotional increases and indicate the percentage of salary increase that the agency will award to employees who are promoted or upon upward redefinition. \_\_\_\_\_*

## SECTION V: CHILD PROTECTIVE SERVICE PLAN

A. **On-call Compensation (coverage includes individuals designated as “back-up on-call”).** Please check one box and fill in the appropriate blanks. **Maximum reimbursement has increased from \$7.00 to \$10.00 for each 8-hour shift.**

- ☐ 1. Compensatory time at \_\_\_\_\_ hour for each 8-hour shift (not to exceed 1 hour).
- ☐ 2. Payment of \$ \_\_\_\_\_ for each 8-hour shift (not to exceed \$10.00).
- ☐ 3. Director may choose either comp time at \_\_\_\_\_ hour or payment of \$ \_\_\_\_\_ for each 8-hour shift on a case-by-case basis (not to exceed 1 hour or \$10.00).
- ☐ 4. Not applicable.

B. **Compensation for direct door-to-door services.** Please check one box from Question #1 and/or one box from Question #2 as it applies to the agency. If not applicable, skip over.

- ☐ 1. For employees exempt from the Fair Labor Standards Act (or for non-exempt employees who do not work more than 40 hours in a given work week), please check one box:
  - ☐ (a) Regular salary rate for each hour spent in the field.
  - ☐ (b) One hour of compensatory time for each hour spent in the field.
  - ☐ (c) Director may choose option 1(a) or 1(b) on a case-by-case basis.
- ☐ 2. For non-exempt employees who physically work more than 40 hours in a given workweek, please check one box:
  - ☐ (a) For hours physically worked over 40, overtime salary rate (one and one-half times the regular hourly rate) for each hour spent in the field.
  - ☐ (b) For each hour physically worked over 40, overtime (one and one-half hours of leave) for each hour spent in the field (maximum accrual of 240 hours per employee per year).
  - ☐ (c) Director may choose option 2(a) or 2(b) on a case-by-case basis.

## SECTION VI. SICK LEAVE ACCUMULATION PAYMENT

**If agency is a jurisdiction-wide deviating agency, skip this section.**

*As indicated in the Administrative Manual, employees with 5 or more continuous years of service shall be paid no more than 25% of their respective accumulated sick leave balances upon separation from the local department of social services. The local board may choose to pay maximums of either \$2,500 or \$5,000 to eligible employees.*

Does the agency deviate from the Sick Leave policy that is included in the Administrative Manual? ☐ Yes ☐ No

If the agency **does not** deviate from the Sick Leave policy that is included in the Administrative Manual, please indicate the maximum dollar amount that the agency will pay employees for unused sick leave balances:

- ☐ A. Agency will pay a maximum of \$2,500.
- ☐ B. Agency will pay a maximum of \$5,000.

| SECTION VII. LETS  |   |
|--|---|
| Has the agency entered classification records into LETS?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><i>Please be advised that your plan <b>cannot</b> be reviewed and approved until you have entered your classification records in LETS.</i> | If no, when do you anticipate this can be accomplished?<br><br>____/____/____ |
|  |   |
| SECTION VIII: APPROVAL SIGNATURES  |   |
| Local Agency Director Signature:   | Date:   |
|  |   |
| Local Board Chair Signature:   | Date:   |
|  |   |

**RETURN COMPLETED FORM TO:**

Virginia Department of Social Services  
 Division of Human Resource Management  
 Attention: Pamela Giles  
 7 North 8<sup>th</sup> Street  
 Richmond, Virginia 23219  
 Phone: 804.726.7055

| NOTIFICATION OF APPROVAL OF YOUR AGENCY'S PLAN  |
|---|
|   |
| LETS e-mail notification of your classification records is notification of approval of your agency's compensation plan for 2005-2006. |
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